

Law Offices

**HOLLAND & KNIGHT LLP**

One Atlantic Center  
1201 West Peachtree Street, N.E.  
Suite 2000  
Atlanta, Georgia 30309-3400

404-817-8600  
FAX 404-881-0470  
http://www.hklaw.com

**FAX RECEIVED**

MAY 30 2002

**GROUP 1600**

Atlanta  
Boston  
Bredenton  
Chicago  
Fort Lauderdale  
Jacksonville  
Lakeland  
Los Angeles  
Melbourne  
Miami  
New York

Northern Virginia  
Orlando  
Providence  
San Antonio  
San Francisco  
Seattle  
St. Petersburg  
Tallahassee  
Tampa  
Washington, D.C.  
West Palm Beach

International Offices:  
Cancun  
Helsinki  
Mexico City  
Rio de Janeiro

Sao Paulo  
Tel Aviv  
Tokyo  
Representation Offices

**FACSIMILE**

<b>TO:</b>		
Group 1600 - Examiner G. Gabel	Assistant Commissioner for Patents	703-308-4556
NAME	COMPANY/FIRM	FAX NUMBER
Washington	DC	
CITY	STATE	(TELEPHONE NUMBER)
<b>FROM:</b>		
Patrea L. Pabst	404-817-8473	28
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)
<b>FOR THE RECORD:</b>		
DATE: May 29, 2002	URGENCY: X SUPER RUSH	<input type="checkbox"/> RUSH <input type="checkbox"/> REGULAR
FAXED BY:	FILE #: 079099/00018	CLIENT NAME: SRX 110
CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:	TIME:
If you did not receive all of the pages or find that they are illegible, please call (404) 817-8600	<b>CONFIDENTIALITY NOTICE:</b> This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.	

**MESSAGE:**

Further to our telephone conversation, attached are the documents which were filed via facsimile on November 19, 2001, along with the fax confirmation sheet, in reference to the following application:

Applicant: Judith Fitzpatrick, Regina B. Lenda, and Christopher L. Jones

Serial No.: 09/526,582 Art Unit: 1641

Filed: March 16, 2000 Examiner: Gailene R. Gabel

For: METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN SALIVA

Law Office

**HOLLAND NIGHT LLP**

One Atlantic Center  
1201 West Peachtree Street, N.E.  
Suite 2000  
Atlanta, Georgia 30309-3400

404-817-8500  
FAX 404-811-0470  
http://www.hnllaw.com

Atlanta  
Boston  
Buckley  
Chicago  
Fort Lauderdale  
Jacksonville  
Lakeland  
Los Angeles  
Miami  
New York  
Orlando  
Phoenix  
San Francisco  
Seattle  
St. Petersburg  
Tampa  
Washington, D.C.  
West Palm Beach

**FAX RECEIVED**

MAY 30 2002

**GROUP 1600***OFFICE***FACSIMILE**

**TO:**  
Group 1600 - Before Final Assistant Commissioner for  
NAME: COMPANY/TEAM 708-872-8208  
FAX NUMBER  
Washington DC  
CITY STATE (TELEPHONE NUMBER)

**FROM:**  
Patrick L. Pabst 404-817-8475 27  
NAME TELEPHONE TOTAL PAGES (including cover sheet)

**MESSAGE:**

**Applicant:** Judith Fitzpatrick, Regina B. Lenda, and Christopher L. Jones  
**Serial No.:** 09/526,682 **Art Unit:** 1841  
**Filed:** March 16, 2000 **Examiner:** Gailene R. Gabel  
**For:** METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN SALIVA

**FOR THE RECORD:**

**DATE:** November 18, 2001 **URGENT:** ☐ SUPERPUSH ☐ PUSH ☐ REGULAR  
**PAID BY:** **FILE #:** 07809970018 **CLIENT NAME:** GRX 119

**CONFIRMED:** ☐ YES ☐ NO

If you did not receive all of the pages or find that they are illegible, please call (404) 817-8500

**NAME:** **TIME:**  
**CONFIDENTIALITY NOTICE:** This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone using the numbers listed above, and destroy the original facsimile and its attachments without reading, printing, or using in any manner. Your cooperation is appreciated. Thank you.

**TX RESULT REPORT**

NAME:  
TEL :  
DATE: NOV.19'2001 18:52

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
7675	TX	01	9099#18#17038729306#	NOV.19	18:44	027	00H08'06"	ECN	OK

Docketed for \_\_\_\_\_  
By: *QPS*  
Date: *12-16-01*

Please type a plus sign (+) inside this box → ☒PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <small>DO NOT WRITE IN THESE SPACES</small>	Application Number	09/526,582
	Filing Date	March 16, 2000
	First Named Inventor	Judith Fitzpatrick
	Group Art Unit	1614
	Examiner Name	Gallene R. Gabel
Total Number of Pages in This Submission	Attorney Docket Number	SRX 110

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (to be used only for appeals filed in previous fiscal year) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Statement Under 37 CFR § 3.73(b)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Holland & Knight LLP Patricia L. Pabst	
Signature		
Date	November 19, 2001	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
Typed or printed name	SEE ATTACHED CERTIFICATE OF FACSIMILE TRANSMISSION	
Signature		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

079099/00018

PTO/SB/17 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$)**73.00****Complete if Known**

Application Number	09/526/582
Filing Date	March 16, 2000
First Named Inventor	Judith Fitzpatrick
Examiner Name	Gailene R. Gabel
Group Art Unit	1641
Attorney Docket No.	SRX 110

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-1868
Deposit Account Name	Holland & Knight LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**
- 
- ☐
- Check
- ☐
- Credit card
- ☐
- Money Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1)** (\$)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
22	-20	= 2 x 9.00	= 18.00
3	-3	= 0 x 0	= 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 80	209 40	* Reissue independent claims over original patent	
110 18	210 9	* Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$)**18.00****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 60	227 25	Surcharge - late provisional filing fee or cover sheet	
138 130	139 130	Non-English specification	
147 2,620	147 2,620	For filing a request for ex parte reexamination	
112 820*	112 820*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
116 110	216 55	Extension for reply within first month	55.00
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
681 40	681 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.128(a))	
148 710	248 355	For each additional invention to be examined (37 CFR § 1.128(b))	
179 279	355	Request for Continued Examination (RCE)	
169 800	169 800	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**55.00****SUBMITTED BY**

Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284	Telephone	404-817-8473
Signature				Date	November 19, 2001

**Complete (if applicable)****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

079099/00018

PTO/SB/22 (8-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>SRX 110</b>
In re Application of <b>Judith Fitzpatrick, Regina B. Lenda, and Christopher L. Jones</b>		
Application Number	<b>09/526,582</b>	Filed <b>03/16/2000</b>
For <b>Method and Device for Detection of APO A, APO B and the Ratio Thereof in Saliva</b>		
Group Art Unit	<b>1641</b>	Examiner <b>Gallene R. Gabel</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1868.

I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☒ attorney or agent of record.

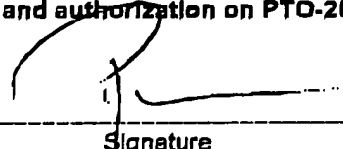
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

November 19, 2001

Date



Signature

Patrea L. Pabst, Reg. No. 31,284

Typed or printed name

**Burden Hour Statement:** This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Ratio Thereof In Saliva

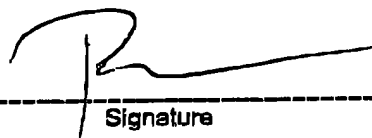
H/P  
T/P

PTO/SB/31 (08-00)

Approved for use through 10/31/2002, OMB 0551-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>	<b>Docket Number (Optional)</b> <p style="text-align: center;">SRX 110</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Judith Fitzpatrick, et al.</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Application Number 09/526,582</td> <td style="width: 50%; padding: 2px;">Filed March 16, 2000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1643</td> <td style="padding: 2px;">Examiner G. Gabel</td> </tr> </table>		In re Application of Judith Fitzpatrick, et al.		Application Number 09/526,582	Filed March 16, 2000	For METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN		Group Art Unit 1643	Examiner G. Gabel
In re Application of Judith Fitzpatrick, et al.									
Application Number 09/526,582	Filed March 16, 2000								
For METHOD AND DEVICE FOR DETECTION OF APO A, APO B AND THE RATIO THEREOF IN									
Group Art Unit 1643	Examiner G. Gabel								
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>1/29/02</u>, rejecting the following claims: <u>1-23</u></p> <hr/> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>320.00</u></span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ <u>160.00</u></span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1868</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a): _____</p> <div style="text-align: right; margin-top: 20px;">   _____  Signature  <u>Patrea L. Pabst, Reg. 31,284</u>  Typed or printed name  <u>May 29, 2002</u>  Date </div>									

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

07/30/2002 WVILLARI 00000001 501868 09526582

02 FC:219

160.00 CH